Attorne	y's Docket No. 518-L	
	COMBINED DECLARATION AND POWER OF ATTORNEY	
As a be	low named inventor, We hereby declare that:	
	TYPE OF DECLARATION	
This de	claration is of the following type:	
×	original	
	design	
	supplemental	
	divisional	
	continuation	
	continuation-in-part (CIP)	
	INVENTORSHIP IDENTIFICATION	
Our residence, post office address and citizenship are as stated below next to our names, We believ we are the original, first and joint inventors of the subject matter which is claimed and for which are patent is sought on the invention entitled:		
	TITLE OF INVENTION	
	METHOD FOR HANDLING MULTIPLE PROGRAM EXCEPTIONS ACROSS HETEROGENEOUS SYSTEMS	
	SPECIFICATION IDENTIFICATION	
the spec	eification of which: (complete (a), (b) or (c))	

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

We hereby state that we reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

Declaration Page 1

(a) is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No.

or \square Express Mail No., as Serial No. not yet known

We acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56
 and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

We hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

> ALFRED W. KOZAK, REG. NO. 24,265 MARK T. STARR, REG. NO. 28,762

SEND CORRESPONDENCE TO

ALFRED W. KOZAK UNISYS CORPORATION 10850 VIA FRONTERA, MS 1000 SAN DIEGO, CALIFORNIA 92127 DIRECT TELEPHONE CALLS TO: (Name and telephone number)

ALFRED W. KOZAK (858) 451-4615

DECLARATION

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full name of first inventor

Kung	Yi	Lin
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature Date	Kung-4° Lin Country of Citizenship USA	
Residence 32 Ascension	ı, Irvine, California 92612	
Post Office Address	Same as above	

Full name of second inventor

Post Office Address Same as above